Name in Full George Abel

Certificate of Death

Died at Town Brownsville County Washington MARYLAND

Date 19 00 Month 2 Day 11 | Age Y. 32 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mining Journal.

Address 2-17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Charles A. Ardinger,

Died at near Williamsport (Town) Washington (County) MARYLAND

Date 19 0 | Month 2- Day 12 | Age Y. 48 M. 2 D. 16 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 7

~~Wife~~ Husband of Eliza Virginia Lemen

Father's Name Charles Ardinger Mother's Maiden Name

Cause of Death: Primary 161 | How long sick 1 wk

Immediate Complications | Accident, Suicide, Homicide

Reported by Williamsport Transcript.

Address

2-17-190[illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808

Name In Full Cullen Barr

Certificate of Death

Died at Town Lappans County Washington MARYLAND

Date ~~189~~ 1900 Month Feby Day 20 | Age Y. 65 M. 4 D. 11 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Catharine Doub

Father's Name Martin Barr | Mother's Name Mary Mong

Cause of Death: Primary Catarrhal Pneumonia | How long sick 10 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M.D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

George H. Beaver

Died at Town: Hagerstown County: Washington MARYLAND

Date 19 W Month: 2 Day: 17 | Age Y. 60 M. D. | Native of | Occupation Hostler

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Maiden Name

5-9

Cause of Death: Primary / Immediate — Rupture of blood vessel | How long sick

Accident, ~~Suicide, Homicide~~

Reported by Emmitsburg Chronicle

Address

2-23-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full

David Beckley

Certificate of Death

Died at Town Huyetts County Washington MARYLAND

Date 1900 Month 2 Day 9 | Age Y. 74. M. 8. D. 21 | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Margaret Walkins

Father's Name — Mother's Name —

Cause of Death: Primary Cystitis 102 | How long sick 3 weeks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. McPscott M.D.

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Emily Bishop

Died at Town Hagerstown County Washington MARYLAND

Data 1900 Month 2 Day 2 | Age Y. 25 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Dr. E. Tracy Bishop Mother's Maidan Name

Causa of Death { Primary 161 | How long sick 2 yrs

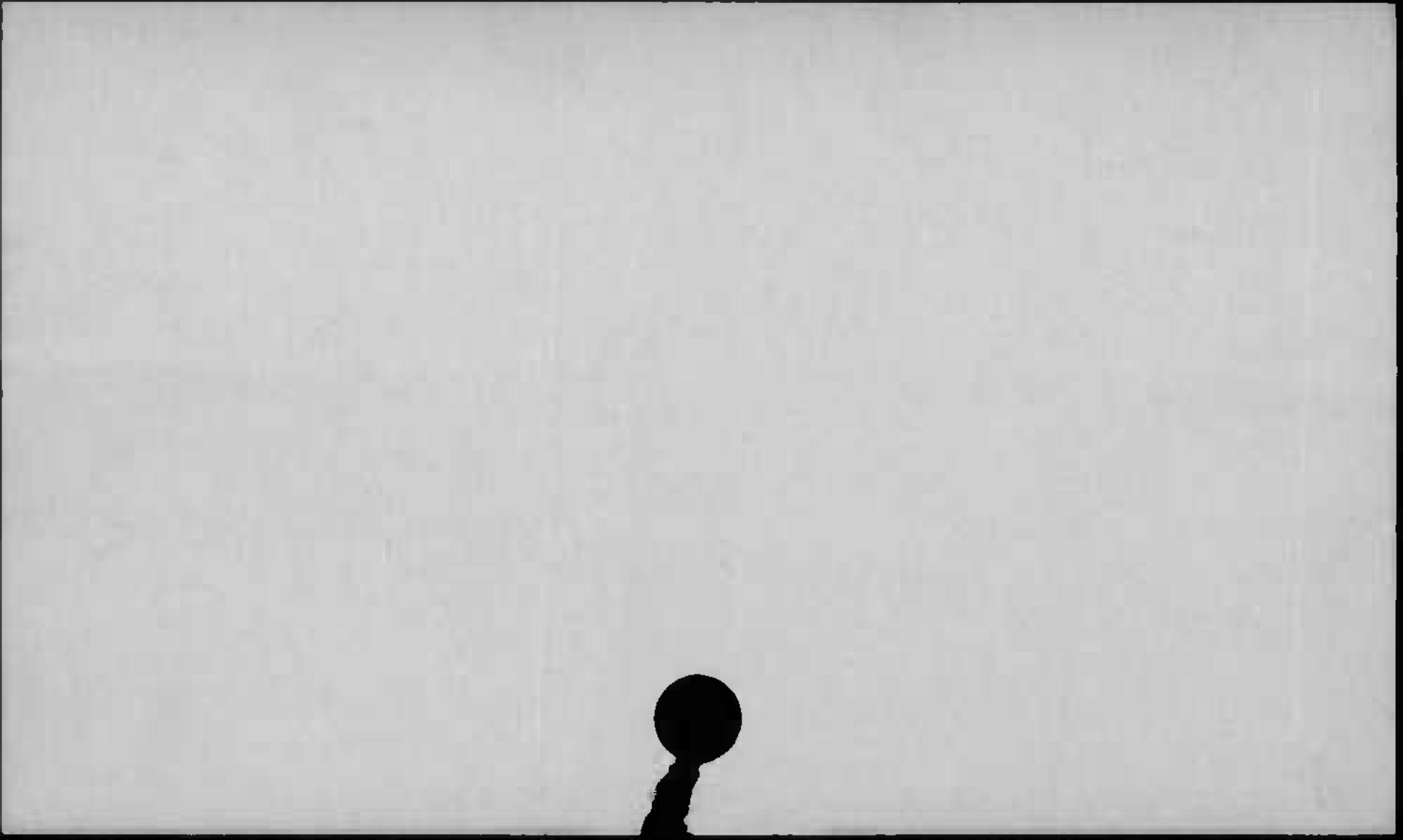
Immadiate | Accident, Suicide, Homicida

Reported by Williamshort Transcript.

Address Feb. 8, 1900

Must be signed by physician, if any in attendance, otherwise by officer, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Samuel C Byers

Died at Town: Hagerstown County: Washington MARYLAND

Date 1900 Month: Feb Day: 27 Age Y.: 61 M.: D.: Native of Occupation: Machinist

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced ~~Number~~ of children living 2

Husband of Wife

Father's Name

Mother's Name 75

Cause of Death: Primary Gangrene Pulmonum

Immediate Gangrene

How long sick

Accident, Suicide, Homicide

Reported by A. P. Stouffer, M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66668

Name In Full George Etta Coss

Certificate of Death

Died at Town Mills County Washington MARYLAND

Date 1900 Month Feb. Day 24 | Y. 56 M. D. 15 | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 10

~~Husband~~ Wife of George Coss 40

Father's Name George Lydy | Mother's Name Elizabeth Lydy

Cause of Death: Primary Cancer of Liver | How long sick Three days

Immediate Haematemesis | ~~Accident, Suicide,~~ Homicide

Reported by Jacob H Wishard

Address Gettysburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full James Franklin Clark

Certificate of Death

Died ~~at~~ near Town Franklintown County Washington MARYLAND

Date ~~189~~ 1900 Month Feb Day 3 Age Y. M. D. 7 Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Samuel Clark Mother's Name Susan James

Cause of Death Primary Convulsions How long sick 2 days

Immediate Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr F. S. Newcomer

Address Franklintown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catherine M. Cleland

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date ~~1899~~ 1900 Month 7 Day 20 Age Y. — M. — D. 19 Native of Md Occupation Child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widowed~~ ~~Number of children living~~

Husband of Wife

Father's Name Smith W. Cleland

Mother's Name Nine M. Cleland

Cause of Death Primary Cholera Infantum

Immediate 105 ~~72~~

How long sick 4 Days

~~Accident, Suicide, Homicide~~

Reported by J. L. Pitsnogle

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

Mrs Maria Crampton

Died at Town: Hagerstown County: Washington MARYLAND

Date 1900. Month: February Day: 5 | Age Y. 88 M. 5 D. 26 | Native of Washington Co. | Occupation None.

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Five

~~Husband~~ Wife of Eli Crampton

Father's Name David Rohrer | Mother's Name Sophia Deaner

Cause of Death: Primary Senility 141 | How long sick 3 Months

Immediate Genl Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by

Address

A S Mason M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Charles Davis

Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1900 — Month: 2 — Day: 16 — Age: Y. 28 — M. — D. — Native of: Hagerstown — Occupation: Butcher

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

22a

Father's Name: John C. Davis — Mother's Name: Mrs Davis

Cause of Death — Primary: Tuberculosis Laryngeal & Pub. — How long sick: 3 mo.

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Roy Derr

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 19.00 Month Feb Day 27 Age Y. 10 M. D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number ~~of children~~ living 2

Husband of Wife

Father's Name Chas Derr Mother's Name [illegible]

Cause of Death Primary acute Nephritis How long sick 2 weeks

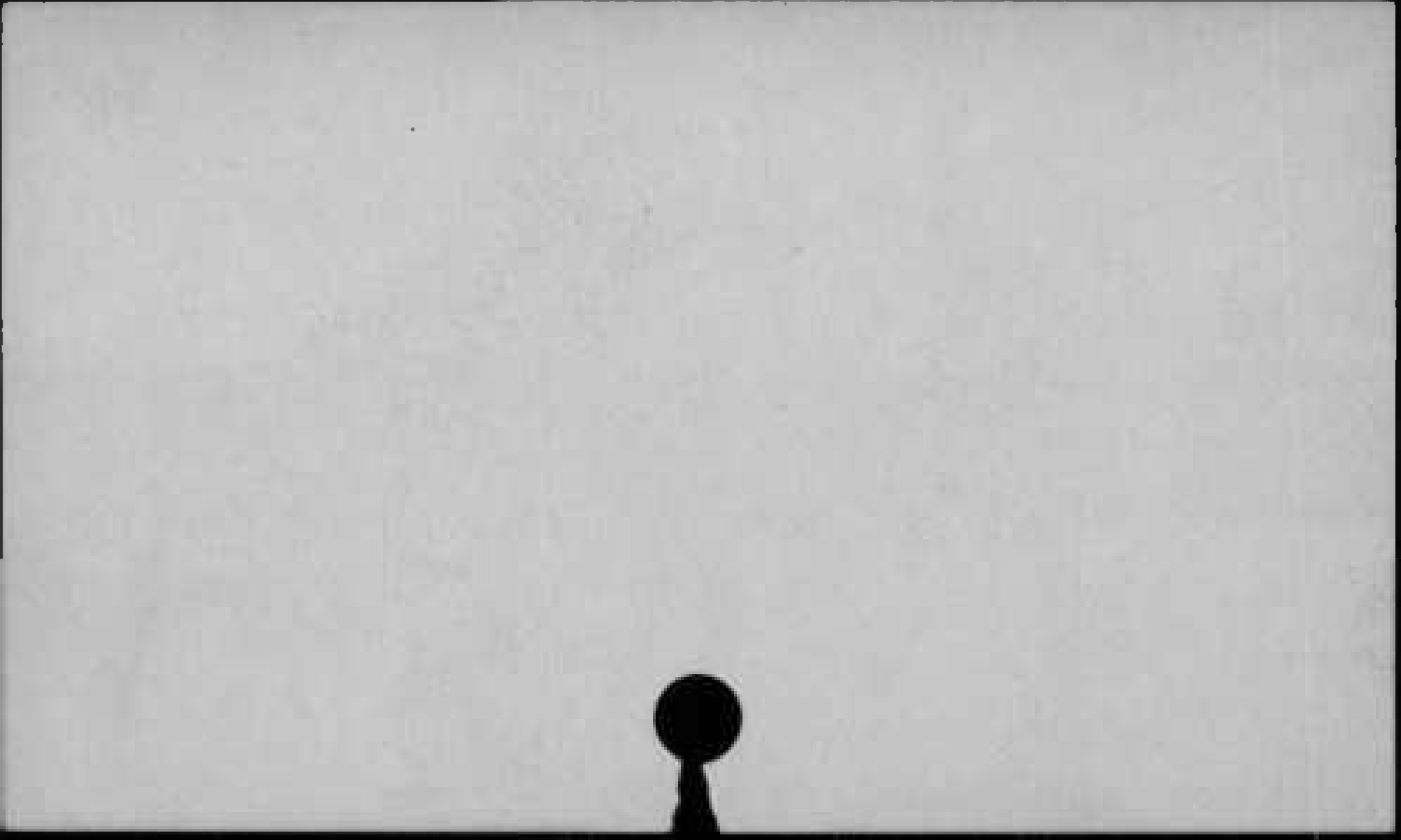
Immediate 97. ~~Accident, Suicide, Homicide~~

Reported by E. A. Wareham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by [illegible] oner, undertaker or minister.

LIBRARY BUREAU. 79899



Name in Full — Certificate of Death

Mrs. Laura L. Doyle.

Died at Clearspring — Town — County Washington — MARYLAND

Date 1900 — Month 2 — Day 3 — Age Y. 56 M. D. — Native of — Occupation

~~Male~~ Female W.P. — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

Husband of / Wife

Father's Name — Mother's Maiden Name

Cause of Death — Primary — Immediate: Consumption — How long sick: 22a — Accident, Suicide, Homicide

Reported by: Williamsport Transcript.

Address — Feb. 8, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name In Full Lizzie Emily

Certificate of Death

Died at Town Leitersburg County Washington MARYLAND

Date 1900 Month Feb. Day 13 Age Y. 68 M. D. Native of Maryland Occupation Housewife

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of
Wife

Father's Name James Emily Mother's Name Elizabeth Emily

Cause of Death: Primary Right side paralyzed — How long sick 12 weeks

Immediate General Debility — Accident, Suicide, Homicida

Reported by Dr J. Henry Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

John Fessler

Died at Town Smithsburg County Wash MARYLAND

Date 1900 Month Day Feb 27 | Age Y. M. D. 84 | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Susan Fessler

Father's Name Jacob Fessler | Mother's Name Susan Fessler

Cause of Death: Primary Old Age | How long sick 12 months

Immediate General Debility | ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. Y. Jarbow

of Smithsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Mrs. Alfred Gant

Died at Town: Hagerstown County: Washington MARYLAND

Date 1900 Month: 2 Day: 11 | Age Y. 60 M. D. | Nativity: Maryland | Occupation: Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living Two

~~Husband~~ of Wife Alfred Gant

Father's Name Unknown Mother's Name Fannie Lindsay

Cause of Death — Primary: Paralysis 44 — How long sick: 7 mo. 11 da.

Immediate: Indigestion

~~Accident, Suicide, Homicide~~

Reported by E. W. Schnadel, M. D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name in Full Isaac Gruber

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 1904 Month Feby Day 6 Age Y. 81 M. 11. D. 3 Native of Md Occupation Merchant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mrs Gruber Dec^a

Father's Name ——— Mother's Name ———

Cause of Death Primary Catarrh How long sick 10 Min

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Dr Richardson J. F. Kreps

Address Town Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Alfred M. Gowens.

Died at Town: Clearspring County: Washington MARYLAND

Date 1900 Month: Feb. Day: 21 | Age Y.: 2 M.: 3 D.: | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name: Luther Gowens. Mother's Name: Nettie Miles

Cause of Death — Primary: Consumption. How long sick: 7 Months.

Immediate: Measles. Accident, Sulcide, Homicide

Reported by C. J. Mason. M. D.

Address Clearspring Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79813

Name in Full

Certificate of Death

Joseph Dewey Hart

Died at Town Big Pool - County Washington Co. MARYLAND

Date 1900 Month Feb. Day 3 Age Y. M. D. 3 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name Joseph Marion Hart Mother's Name Frances Rimelia Kieffer

How long sick

Cause of Death: Primary Malignant Jaundice

Immediate Convulsions.

Accident, Suicide, Homicide

Reported by C. J. Mason M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph R. Hebb

Died at Town Hagerstown County Washington MARYLAND

Date 1900 Month 2 Day 1 | Age Y. 54 M. D. | Native of Maryland | Occupation Laborer

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Wife~~ Husband of Mrs Joseph R. Hebb

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick 4 wks

Immediate Paralysis | ~~Accident, Suicide, Homicide~~

Reported by E. H. Schindel

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Robt Knisely — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date Nov Month 16 Day 5 | Age Y. 11 M. 6 D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ Widower ~~Divorced~~ | Number of children living 2

Husband of ~~Wife~~ ~~John C Knisely~~

Father's Name John C Knisely | Mother's Name Beskie May

Cause of Death: Primary [illegible] | How long sick about 10 days

Immediate [illegible] 72 | ~~Accident, Suicide, Homicide~~

Reported by E C Rankin

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Lydia A. Leister

Certificate of Death

Died at: Town: Hagers County: Washington Co. MARYLAND

Date: 1900 Month: 2 Day: 22 | Age: Y. 73 M. D. | Native of: Md | Occupation: H.W.

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living ✓

~~Husband~~ Wife of: Levi Leister

Father's Name: Oswald Mother's Name: 70

Cause of Death: Primary: Chronic Bronchitis How long sick: Several weeks

Immediate: Oedema of Lungs ~~Accident, Suicide, Homicide~~

Reported by: M. McBoott

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Wilber D. Long

Certificate of Death

Died at: Town: Boonsboro County: Wash MARYLAND

Date 1900 Month: Feb Day: 4 Age Y. M. D.: 4-7-9 Native of: Boonsboro Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: —

Father's Name: Caleb Long Mother's Name: Fanny Mullendore

Cause of Death: Primary: Diphtheria How long sick: 7 Days

Immediate: Exhaustion Accident, Suicide, Homicide

Reported by: S. S. Davis

Address: Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78898

Name in Full Mark Marshall

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1940 Month Feb. Day 5 Age Y. 83 M. D. Native of Md. Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living none

Husband ~~Wife~~ of Emily Woods

Father's Name — Mother's Name —

Cause of Death Primary Senility 141 How long sick 10 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by M B Morrison

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

~~Ezekiel~~ Elizabeth Moore

Died at Town Hagerstown County Washington Co MARYLAND

Data ~~189~~ 1900 Month Feb Day 19 Aga Y. 20 M. 4 D. 4 Native of Occupation None

Male — Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced · ~~Number of children living~~ None

Husband of Wife

Father's Name Ezekiel Moore Mother's Name Mary

Cause of Death Primary Tuberculosis · 22a How long sick 6 months

Immediate Genl Failure ~~Accident, Suicide, Homicide~~

Reported by A S Mason

Address Hagerstown Md.

Must be signed by physician, if any in attandance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Margaret Miller

Died at near Williamsport Town County Washington MARYLAND

Date 19 Month 2 Day 21 | Age Y. 83 M. D. | Native of | Occupation Domestic

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick long time

Immediate | Accident, Suicide, Homicide

Reported by Transcript

Address 2-24-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Julia Ellen Moore,

Died at Town: Sharpsburg. County: Washington MARYLAND

Date: 1900 Month Feb. Day 28 | Age Y. 48. M. D. | Native of Md. | Occupation

[redacted] White Married [redacted] [redacted] [redacted]

Female [redacted] [redacted] [redacted] [redacted] Number of children living 2.

[redacted] Wife of Ridgely Moore

Father's Name Levi Potter Mother's Name Mrs Rosella Porter

Cause of Death: Primary Aortic Insufficiency How long sick 5 years.

Immediate Dyspnoea [redacted]

Reported by H. Franklin Schnauel M.D.

Address Sharpsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F1068

Name in Full

Certificate of Death

Frances Pollack

Died at Town Hagerstown County Wash MARYLAND

Date 1900 Month Feby Day 7 Age Y. M. 6 D. Native of City Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name A. V. Pollack

Mother's Name L. D. Pollack

Cause of Death Primary

Immediate Meningitis.

39a

How long sick 10 dys

Accident, Suicide, Homicide

Reported by G. E. Murray M.D.

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Emeline Lucretia Reese

Died at Town: Smoketown County: Washington MARYLAND

Date 1900 Month 2 Day 14 | Age Y. 06 M. 10 D. 24 | Native of Md. | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 2

~~Husband~~ Wife of Ezra Reese

Father's Name | Mother's Name

Cause of Death: Primary Yellow Jaundice | How long sick 1 mo.

Immediate 92 | Accident, Suicide, Homicide

Reported by Edgar T Smith M.D.

Address Boonsboro Wash. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960

Name in Full Martin Rice. Certificate of Death

Died at Town Middleburg Pike County Washington + MARYLAND

Date 1900 Month 2 Day 12 | Age Y. 20 M. — D. — | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Wolford Rice Mother's Maiden Name 152a

Cause of Death { Primary
Immediate Killed by falling tree } How long sick

Accident, ~~Suicide, Homicide~~

Reported by "Williamsport Transcript" Feb. 8, 1900

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 29588

Name in Full

Certificate of Death

Susanna Ridenour

Died at Town Benevola County Washington MARYLAND

Date 1900 Month Feb Day 25 Y. M. D. Age 75 — Native of Md Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ ~~Wife~~ of Jacob Ridenour

Father's Name William Ford Mother's Name

Cause of Death Primary Paralysis — How long sick 3 years —

Immediate ~~Accident, Suicide, Homicide~~

Reported by W. B. Wheeler and Son M. D.

Address Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Lannie Slifer

Died at Town: Near Rohrersville County: Washington MARYLAND

Date ~~189~~ 1900 Month: Feb Day: 19th | Age Y. M. D.: 64 Th Years | Native of: md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: William Slifer

Mother's Name: Lydia Waldeck

Cause of Death: Primary

Immediate: Paralysis

44

How long sick: 12 days

Accident, Suicide, Homicide

Reported by: Henry C Feete undertaker

Address: Middletown Fred Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr. Nihiser

of Keedesville Washington Co
md

Information contained in this certificate re-
ceived from Mr John Geltmocker Nephew

of deceased

Respectfully Henry C Feete
undertaker
middletown Fred Co
md

Name in Full

Certificate of Death

Marguerite Smith

Died at Town: Hagerstown County: Wash MARYLAND

Date 1900 Month 2 Day 28 | Age Y. - M. 3 D. 5 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife —

Father's Name A. L. Smith

Mother's Name Ada Smith

Cause of Death: Primary Pneumonia 72 | How long sick 10 days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. Preston Miller

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Dorusa Stouffer

Certificate of Death

Died at Town Benwolo County Washington MARYLAND

Date 1900 Month Feb, Day 13 | Age Y. 60 M. D. | Native of and | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of D. F. Stouffer, deceased

Father's Name — Chaney | Mother's Name Chaney

Cause of Death: Primary 97 | How long sick 10 weeks

Immediate Brights Disease | Accident, Suicide, Homicide

Reported by Bruny & Bush

Address Boonsboro and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. Lovell

of Derwood

Seen by Coroner

of

Information contained in this certificate received

from Ezekiel Haines

of Derwood

md

Name in Full: Charles H. Thomas

Certificate of Death

Died at — Town: Hagers — County: Wash — MARYLAND

Date 19 — Month: 2 — Day: 17 — Age: Y. 15 — M. — D. — Native of: Md. — Occupation: School boy

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife: ——— 97

Father's Name: Wm F. Thomas — Mother's Name: Ella

Cause of Death — Primary: Nephritis & Endo Carditis — How long sick: 6 mo.

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Minnie Turner

Died at Town Williamsport County Washington MARYLAND

Date 1896 Month July Day 6 | Age Y. 19 M. 7 D. | Native of Town | Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband / Wife of Daughter of

Father's Name Jacob Turner Mother's Name Lethia Silvers

Cause of Death — Primary: Consumption — How long sick 18 mos

Immediate

~~Accident, Suicide~~ Homicide

Reported by Father

Address Town

J F Kirby
Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM